

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035471

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 22 Primary Registration District No. 5289 Registrar's No. 205

STATE FILE NUMBER

FILED SEP 19 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

| | | | |
|---|---|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>CLAY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>GLADSTONE</u> | | c. CITY OR TOWN <u>GLADSTONE</u> | |
| Length of stay in 1b <u>18 YEARS</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>2302 EAST 63RD PLACE NORTH</u> | | d. STREET ADDRESS (If outside, give location) <u>2302 EAST 63RD PLACE NORTH</u> | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>GRACE</u> Middle <u>ANN</u> Last <u>PHALP</u> | | 4. DATE OF DEATH Month <u>SEPTEMBER</u> Day <u>11</u> Year <u>1963</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5/22/1918</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECRETARY</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>TRAVELERS INSURANCE COMPANIES</u> | |
| 11. BIRTHPLACE (City and state or country) <u>ST. LOUIS MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>GUY WILLIAM HENSON</u> | | 13b. MOTHER'S MAIDEN NAME <u>NITA HERRINGTON</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>HAROLD E. PHALP</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR II</u> | | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | |
| 17. INFORMANT <u>HAROLD E. PHALP</u> | | Address <u>2302 EAST 63RD PL. NO. GLADSTONE MISSOURI</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma tasis</u> DUE TO (b) <u>Carcinoma of Right Breast</u> DUE TO (c) <u>7 years</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Marked Secondary Anemia</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>6:30</u> a.m. <u>PM</u> Month, Day, Year <u>3-19-58</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>9-11-63</u> | |
| 20g. COUNTY <u>CLAY</u> | | 20h. STATE <u>MISSOURI</u> | |
| 21. I attended the deceased from <u>3-19-58</u> to <u>9-11-63</u> and last saw her alive on <u>8-17-63</u> Death occurred at <u>6:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>John E. Kelly MD</u> | | 22b. ADDRESS <u>915 Argyle Bldg & Co. Mo.</u> | |
| 22c. DATE SIGNED <u>9/13/63</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 23b. DATE <u>SEPT. 14, 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u> | |
| 23d. LOCATION (City, town, or county) <u>KANSAS CITY</u> | | 23e. STATE <u>KANSAS</u> | |
| 24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS, KANSAS CITY, MO.</u> | | 25. DATE RECD. BY LOCAL REG. <u>9-14-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Marquette Hudson</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Terry G. Lilly
915 Canby Ave
11:30 - 4:30

SEP 27 1963
OCT 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert G. Henry

Licensed Embalmer No. 4724
P. O. Address McM

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.